

TEEN PREGNANCY MANAGEMENT DATA FORM

County: _____

Site: _____

Case Manager: _____

Client ID: _____
(First & Last Initial)

_____/_____/_____
(DOB)

Complete the following on admission and at discharge.

Admission Date: __/__/__

Race: W B AI A O

Ethnicity: Hisp Non-Hisp

Marital Status	NM	M	SP	W	D
# Living Children	0	1	2	3	>3
Highest Grade Completed	≤9	10	11	12	>12
Education/Training	FT	PT	Prep	None	NA
Employment	FT	PT	Search	None	NA

Goal Attainment: ☐ Admission ☐ Discharge

Daily Living			-1	0	1				
Education/Training	-3	-2	-1	0	1	2	3	DK	NA
Employment	-3	-2	-1	0	1	2	3	DK	NA
Financial	-3	-2	-1	0	1	2	3	DK	NA
Health	-3	-2	-1	0	1	2	3	DK	NA
Relationships	-3	-2	-1	0	1	2	3	DK	NA
Parenting	-3	-2	-1	0	1	2	3	DK	NA
Empowerment	-3	-2	-1	0	1	2	3	DK	NA

Upon Discharge, complete the following:

Discharge Date: __/__/__

Reason for Leaving Program:

- | | |
|---------------------------------|------------------------------------|
| 1. Completed goal plans | 5. Client terminated participation |
| 2. Reached age 21 | 6. Client left service area |
| 3. Became pregnant for 3rd time | 7. Client lost eligibility |
| 4. Client can't be located | |